

**COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU – PREVENTION & EARLY INTERVENTION (PEI) ADMINISTRATION**

**Provider Request to Add/Drop PEI Practice**

Agency \_\_\_\_\_  
 Provider # \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

By requesting to add a PEI Practice(s), your agency certifies that you have obtained the approval of your District Chief, AND that your agency has staff trained in the PEI Practice to provide the service.

PEI PRACTICES				Add	Drop	SA/Lead District Chief has approved?	We have these PEI Outcome measures
1	4A	Aggression Replacement Training	ART			Yes / No	Yes / No
2	4B	Alternatives for Families Cognitive Behavioral Therapy	AF-CBT			Yes / No	Yes / No
3	2A	Brief Strategic Family Therapy	BSFT			Yes / No	Yes / No
4	3B	Caring for Our Families	CFOF			Yes / No	Yes / No
5		Center for the Assessment & Prevention Prodromal States	CAPPS			Yes / No	Yes / No
6	2B	Child-Parent Psychotherapy	CPP			Yes / No	Yes / No
7	2C	Cognitive Behavioral Intervention for Trauma in Schools	CBITS			Yes / No	Yes / No
8	4D	Crisis Oriented Recovery Services	CORS			Yes / No	Yes / No
9	2F	Depression Treatment Quality Improvement	DTQI			Yes / No	Yes / No
10		Dialectical Behavioral Therapy*	DBT*			Yes / No	Yes / No
11	4R	Families OverComing Under Stress	FOCUS			Yes / No	Yes / No
12	11	Functional Family Therapy	FFT			Yes / No	Yes / No
13	3D	GLBT CHAMPS: Comprehensive HIV & At-Risk Mental Health Services	GLBTC			Yes / No	Yes / No
14	2J	Group Cognitive Behavioral Therapy for Major Depression	Group CBT			Yes / No	Yes / No
15	2L	Incredible Years	IY			Yes / No	Yes / No
16	8A	Individual Cognitive Behavioral Therapy	Ind CBT*				
17	2M	Interpersonal Psychotherapy for Depression	IPT			Yes / No	Yes / No
18	3E	Loving Intervention Family Enrichment Program	LIFE			Yes / No	Yes / No
19	4K	Managing and Adapting Practice	MAP			Yes / No	Yes / No
20	2K	Mental Health Integration Program	MHIP			Yes / No	Yes / No
21	3P	Mindful Parenting	MP			Yes / No	Yes / No
22	2P	Multidimensional Family Therapy	MDFT			Yes / No	Yes / No
23	10	Multisystemic Therapy	MST			Yes / No	Yes / No
24	2Z	Promoting Alternative Thinking Strategies	PATHS			Yes / No	Yes / No
25	2R	Parent-Child Interaction Therapy	PCIT			Yes / No	Yes / No
26	2S	Program to Encourage Active, Rewarding Lives for Seniors	PEARLS			Yes / No	Yes / No
27	2T	Prolonged Exposure Therapy for Post Traumatic Stress Disorder	PE			Yes / No	Yes / No
28	3L	Reflective Parenting Program	RPP			Yes / No	Yes / No
29	4N	Seeking Safety	SS			Yes / No	Yes / No
30	2V	Strengthening Families	SF			Yes / No	Yes / No
31	2W	Trauma Focused Cognitive Behavioral Therapy	TF-CBT			Yes / No	Yes / No
32	2Y	Triple P - Positive Parenting Program	Triple P			Yes / No	Yes / No
33	3M	UCLA Ties Transition Model	UCLA TTM			Yes / No	Yes / No

\* Ind CBT and DBT are applicable to DMH directly-operated providers only

1. Providers requesting to add or drop a PEI Practice are to complete this Provider Request to Add/Drop PEI Practice Form for each provider # (including any Providers updating their information in the Provider PEI Practice List).
2. Providers are to obtain the approval of the District Chief for any PEI Practices to be added or dropped.
3. Providers are to fill out the Form accordingly.
4. Completed Forms must be sent to PEI Administration at [mhsapei@dmh.lacounty.gov](mailto:mhsapei@dmh.lacounty.gov) or at fax number (213) 252-8747, and to your District Chief.
5. You may follow-up with PEI Administration 10 days after submitting this Form.

Thank you for assisting us.